

**RULES
OF
TENNESSEE DEPARTMENT OF LABOR
DIVISION OF WORKER'S COMPENSATION**

**CHAPTER 0800-2-1
GENERAL RULES OF THE WORKERS' COMPENSATION PROGRAM**

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0800-2-1-.01 PURPOSE AND SCOPE.

- (1) Purpose. The purpose of this chapter and the within rules is to set out the reporting requirements and procedures for the state's Workers' Compensation program. These rules set out the forms required for reporting, time limits, and civil penalties which may be assessed by the Division of Workers' Compensation. They also establish the records available from the Division and procedure for obtaining records.
- (2) Scope. This chapter and the within rules apply to all employers, self-insured employers, insurance carriers, and/or employees subject to the "Workers' Compensation Law."

Authority: T.C.A §50-6-101 et seq., Title 50, Chapter 10. **Administrative History:** Original rule certified June 10, 1974. Amendment filed September 19, 1974; effective October 19, 1974. Repealed and new rule filed February 19, 1987; effective April 5, 1987.

0800-2-1-.02 DEFINITIONS.

- (1) The terms contained within these rules shall have the same definitions as those established by the Workers' Compensation Law and the case law interpreting it.
- (2) "Director" shall mean the Director of the Workers' Compensation Division of the Tennessee Department of Labor. As of the date of filing these rules, the Director may be contacted as follows:

James W. Farmer
Director, Division of Workers' Compensation
Tennessee Department of Labor
710 James Robertson Parkway
Nashville, Tennessee 37243-0661
- (3) "Division" shall mean the Division of Workers' Compensation within the Tennessee Department of Labor.
- (4) "Filing" is effective upon receipt by the Director.

(Rule 0800-2-1-.02, continued)

- (5) "Self-insured Employers" shall include group self-insured employers.

Authority: T.C.A §§50-6-101 et seq. and 50-6-102. **Administrative History:** Original rule filed February 19, 1987; effective April 5, 1987.

0800-2-1-.03 CIVIL PENALTIES. The Workers' Compensation Law requires the filing of forms as outlined in the following section, and the Director shall assess and collect civil penalties as defined in Rule 0800-2-1-.04 through Rule 0800-2-1-.16.

Authority: T.C.A §§50-6-101 et seq. and 50-6-102. **Administrative History:** Original rule filed February 19, 1987; effective April 5, 1987.

0800-2-1-.04 REPEALED.

Authority: T.C.A. §§50-6-118, 50-6-233, 50-6-412, and 50-6-801. **Administrative History:** Original rule filed February 19, 1987; effective April 5, 1987. Repeal filed January 3, 2003; effective May 30, 2003.

0800-2-1-.05 FAILURE TO FILE CERTIFICATE OF INSURER. Employers and/or insurance carriers of an employer must file with the Director of Workers' Compensation written evidence of compliance with the insurance coverage requirements of TCA §50-6-405. Self-insured employers are exempt from this section, but must file with the Department of Commerce and Insurance in accordance with T.C.A §50-6-405(a)(2).

- (1) Workers' Compensation Form I-1 (Certificate of Insurer) is the written evidence required by Rule 0800-2-1-.05, and a copy can be found in Appendix A (together with copies of all other Forms). Form I-1 shall be submitted within thirty (30) days after procurement or renewal of suitable workers' compensation insurance.
- (2) The penalty for non-compliance with Rule 0800-2-1-.05 is \$100 for each fifteen (15) days past the required date for filing until Form I-1 is received.
- (3) "Notice of Cancellation." Upon cancellation of any Workers' Compensation insurance policy, Form I-2 shall be immediately filed with the Director.

Authority: T.C.A §§50-6-118 and 50-6-405. **Administrative History:** Original rule filed February 19, 1987; effective April 5, 1987.

0800-2-1-.06 FIRST REPORT OF INJURY. Each employer, self-insured employer, and/or insurance company shall file with the Director an accident report, Form C-20 (Tennessee Employer's First Report of Work Injury), which records each and every accident resulting in a work-related death or personal injury as defined in TCA §50-6-102.

- (1) Where the injured person does not return to employment within seven (7) days after the occurrence of such accident, or if there is permanent disability regardless of the number of days of lost work, Form C-20 must be filed. Form C-20 shall be submitted to the Director as soon as possible, but not later than fourteen (14) days after the accident.
- (2) Reports of all accidents causing seven (7) days of disability or less and/or causing no permanent impairment shall be submitted to the Director on or before the fifteenth (15th) day of the month following the month covered by the report. Such reports shall be submitted on Form C-21.
- (3) All First Reports of Injury shall be submitted in duplicate; one original and one legible copy. All First Reports of Injury must include the Federal Employer Identification number (FEIN). Employers that do not have FEIN numbers must provide the employer's social security number.

(Rule 0800-2-1-.06, continued)

- (4) The penalty for non-compliance with Rule 0800-2-1-.06, subsections (a) and (2) is \$25 for each fifteen (15) days past the required date for filing. Where non-compliance is the result of the employee's failure to provide the employer with notice of the injury, the employer shall submit written evidence of the lack of knowledge of the injury. The Director may adjust and/or eliminate the penalty based on such written evidence. The penalty for failure to file Form C-20 or C-21 in conformance with Rule 0800-2-1-.06(3) is \$25.

Authority: T.C.A. §§50-3-701; 50-3-702; 50-6-207(3)(A)(i); 50-6-102; 50-6-201 and 50-6-118. **Administrative**

History: Original rule filed February 19, 1987; effective April 5, 1987.

0800-2-1-.07 NOTICE OF FIRST PAYMENT OR DENIAL. Upon making the first payment or upon denying a claim after proper investigation, the employer, self-insured employer, or insurance company must notify the Director immediately by submitting one of the following:

*Notice of First Payment of Compensation, Form C-22; or

*Notice of Denial of Claim for Compensation, Form C-23.

- (1) "First Payment of Compensation." Employers, self-insured employers, and/or insurance companies must file Form C-22 (Notice of First Payment of Compensation) with the Director.
 - (a) The penalty for failure to immediately notify the Director of the first payment of compensation is \$10 for each fifteen (15) days past the required date the payment was issued until the notice is received by the Director. Said penalty shall not exceed Two Hundred (\$200.00) Dollars for any individual violation of this regulation.
 - (b) The penalty for failure to pay the first payment in accordance with TCA §50-6-205(b) is \$50 for each fifteen (15) days past the date when payment is due. Said penalty shall not exceed One Thousand Five Hundred (\$1,500.00) Dollars for any individual violation of this regulation.
- (2) "Notice of Denial." Insurance carriers and/or self-insured employers must submit to the Director notice of denial of compensation on Form C-23.
 - (a) The penalty for failure to immediately notify the Director of denial of workers' compensation benefits is \$10 for each fifteen (15) days past the date of denial until the notice is received.
 - (b) Bad Faith Denial. The penalty for a bad faith denial of a claim shall be an amount equal to the amount of unpaid benefits up to a maximum of \$500.
 - (c) Bad faith shall be determined by the Director and shall include such conduct as denial of a claim based on the fact that the employee filed a lawsuit.

Authority: T.C.A. §§50-6-101; 50-6-118; 50-6-205(b); 50-6-205(c); 50-6-303 and 4-5-202. **Administrative**

History: Original rule filed February 19, 1987; effective April 5, 1987. Amendment filed March 5, 1993; effective April 19, 1993.

0800-2-1-.08 NOTICE OF CHANGE OR STOP IN BENEFIT PAYMENTS FOR ANY CAUSE OTHER THAN FINAL SETTLEMENT. Insurance carriers and/or self-insured employers must submit to the Division notice of change or stop in benefits payment on Form C-26. Form C-26 must be filed immediately upon change or stop in the payment of benefits.

- (1) The penalty for non-compliance with Rule 0800-2-1-.08 is \$10 for each fifteen (15) days past the date the change or stop occurred until notice is received by the Director.
- (2) The penalty for failure to pay benefits at least semi-monthly as required by TCA §50-6-205(b) is \$50 for each fifteen (15) days past the date when payment is due.

(Rule 0800-2-1-.08, continued)

Authority: T.C.A. §§50-6-205 and 50-6-118. **Administrative History:** Original rule filed February 19, 1987; effective April 5, 1987.

0800-2-1-.09 NOTICE OF CONTROVERSY. Where payments have been made without an award, and the employer subsequently elects to controvert his liability, Form C-27 (Notice of Controversy) shall be filed with the Director within fifteen (15) days of the due date of the first omitted payment.

Authority: T.C.A. §50-6-205(d). **Administrative History:** Original rule filed February 19, 1987; effective April 5, 1987.

0800-2-1-.10 NOTICE OF LAWSUIT. Employees and/or employee representatives shall submit to the Director notice of filing of any lawsuit concerning workers' compensation benefits. Form C-28 must be filed to satisfy this notice requirement. This notice must be forwarded within ten (10) days of filing of the lawsuit. The penalty for non-compliance with Rule 0800-2-1-.10 is \$50.

Authority: T.C.A. §50-6-205(d). **Administrative History:** Original rule filed February 19, 1987; effective April 5, 1987.

0800-2-1-.11 SETTLEMENTS AND RELEASES. Copies of all settlements and releases shall be filed by the employer with the Director within ten (10) days after such settlements are made.

Authority: T.C.A. §50-6-228. **Administrative History:** Original rule filed February 19, 1987; effective April 5, 1987.

0800-2-1-.12 JUDGMENTS AND COURT APPROVED SETTLEMENTS. Employers, insurance companies, and/or self-insured employers shall forward certified copies of judgments or court approved settlements to the Director within ten (10) days of entry by the Court. The penalty for non-compliance with Rule 0800-2-1-.12 is \$50.

Authority: T.C.A. §50-6-206. **Administrative History:** Original rule filed February 19, 1987; effective April 5, 1987.

0800-2-1-.13 REPORT OF ALL PAYMENTS. Employers, self-insured employers, and/or insurance carriers must submit Form C-29 (Final Report of Payment and Receipt of Compensation) to the Director within thirty (30) days following the final payment of compensation. Form C-29 shall include all compensation benefits paid on a claim, including all medical expenses, hospital expenses, funeral expenses, and legal costs. Form C-29 must be submitted in all cases where any benefit payment has been made, including cases where settlements or judgments (with or without court approval) have been entered. The penalty for non-compliance with Rule 0800-2-1-.13 is \$50 for each fifteen (15) days past the date when Form C-29 is due, until received by the Director.

Authority: T.C.A. §50-6-206. **Administrative History:** Original rule filed February 19, 1987; effective April 5, 1987.

0800-2-1-.14 WITHDRAWAL FROM WORKERS' COMPENSATION LAW. Every employer subject to the Tennessee Workers' Compensation Law that reduces the number of its employees to less than five (5) and wishes to withdraw from the Tennessee Workers' Compensation Law must file written notice of withdrawal with the Director in accordance with *Karstens v. Wheeler Millwork, CAB & Supply*, 614 S.W.2d 37 (1981). All withdrawals shall be submitted on Form I-3.

Authority: T.C.A. §50-6-206. **Administrative History:** Original rule filed February 19, 1987; effective April 5, 1987.

0800-2-1-15 ADDITIONAL FORMS. Additional forms which must be filed with the Director:

- (1) "Sole Proprietor Election" (I-4). A sole proprietor who elects to be considered as an employee pursuant to TCA §50-6-102(a)(2)(B) shall notify the Director of the election on Form I-4.
- (2) "Sole Proprietor Withdrawal of Election" (I-5). A sole proprietor who wishes to withdraw the election to be an employee and the acceptance of the Workers' Compensation Law shall notify the Director by filing Form I-5.
- (3) "Corporate Officer Exemption" (I-6). Any corporate officer who elects to be exempt from the operation of the Workers' Compensation Law shall file notice of such election with the Director in accordance with the provisions of TCA §50-6-104 on Form I-6.
- (4) "Corporate Officer Revocation of Exemption" (I-7). A corporate officer who revokes an exemption from coverage of the Workers' Compensation Law pursuant to TCA §50-6-104 shall notify the Director of the revocation of the election of the exemption on Form I-7.
- (5) "Exempt Employers Election" (I-8). Employers who are exempt from the operation of the Workers' Compensation Law and who elect to be covered by the Law pursuant to TCA §50-6-106(4) and (5) shall notify the Director of the election to accept the provisions of the Workers' Compensation Law on Form I-8.
- (6) "Exempt Employers Withdrawal of Election" (I-9). Employers under TCA §50-6-106(4) and (5) who wish to withdraw their acceptance of the provisions of the Workers' Compensation Law shall notify the Director of withdrawal of the acceptance on Form I-9.
- (7) "Occupational Disease Waiver" (I-11). An employee who wishes to waive receipt of compensation for aggravation of a specific occupational disease, pursuant to the provisions of TCA §50-6-307(a), shall notify the Director of the waiver of compensation on Form I-11. Notification of the revocation of such election shall be furnished to the Division on Form I-13.
- (8) "Heart Waiver" (I-10). An employee or prospective employee who wishes to waive compensation for claims arising out of aggravation or repetition of the conditions of heart disease, heart attack, or coronary failure or occlusion, pursuant to the provisions of TCA §50-6-307(b), shall notify the Director of the waiver on Form I-10. Such form shall be accompanied by a copy of a medical statement giving the prior history of the condition. Notification of the revocation of such election shall be furnished to the Director on Form I-13.
- (9) "Epileptic Waiver" (I-12). Persons who are epileptics and who elect, pursuant to the provisions of TCA §50-6-213, not to be subject to the Workers' Compensation Law for injuries resulting because of epilepsy shall notify the Director of the election not to be subject on Form I-12. Notification of the revocation of such election shall be furnished to the Division on Form I-13.
- (10) "Agreement of Common Carrier" (I-14). Common carriers who wish to provide workers' compensation insurance coverage under the Tennessee Workers' Compensation Law to a leased operator and/or a leased owner/operator shall execute I-14 in triplicate, the original to be sent to the Tennessee Workers' Compensation Division, one copy to be sent to the workers' compensation insurance company, and one copy to remain with the common carrier.
- (11) "Termination of Agreement of Common Carrier" (I-16). Such election of coverage may be terminated by the leased operator, leased owner/operator, or common carrier by providing written notice of such termination to the division and to all other parties consenting to the prior election. Termination of this agreement shall be furnished to the Division on Form I-16.
- (12) "Agreement of General Contractor" (I-15). General contractors who wish to provide workers' compensation insurance coverage under the Tennessee Workers' Compensation Law to an individual

(Rule 0800-2-1-.15, continued)

subcontractor shall execute Form I-15 in triplicate, the original to be sent to the Tennessee Workers' Compensation Division, one copy to be sent to the workers' compensation insurance company and one copy to remain with the general contractor.

- (13) "Termination of Agreement of General Contractor" (I-17). Such election of coverage may be terminated by the subcontractor or general contractor by providing written notice of such termination to the division and to all other parties consenting to the prior election. Termination of this agreement shall be furnished to the Division on Form I-17.

Authority: T.C.A. §§50-6-102(a)(2)(B); 50-6-104; 50-6-106(4); 50-6-106(5); 50-6-307(a); 50-6-307(b) and 50-6-213. **Administrative History:** Original rule filed February 19, 1987; effective April 5, 1987.

0800-2-1-.16 MEDICAL REPORTS.

- (1) Medical reports filed with the Director shall include the Attending Physicians Report which is Form C-30 and the Medical Waiver and Consent form which is Form C-31.
- (2) A party, in lieu of a deposition, may file with the Director a Standard Form Medical Report For Industrial Injuries which is Form C-32.
- (3) The attending physician may charge a fee of up to One Hundred and Fifty Dollars (\$150.00) for completion and certification of Form C-32.
- (4) The Director may assess a civil penalty against the attending physician of up to Three Hundred Dollars (\$300.00) for failure to timely (within two (2) weeks of the physical examination) file Form C-32.
- (5) A party assessed a penalty pursuant to section (4) above may appeal such decision directly to the Medical Director for the Tennessee Department of Labor. Said appeal must be submitted in writing and within ten (10) working days of receipt of notice of assessed penalty. The Medical Director or his designee shall issue a decision within thirty (30) days. This decision shall be final.

Authority: T.C.A. §§4-3-103; 4-3-1403; 50-6-101 et seq., 50-6-118; 50-6-126; 50-6-204; 50-6-235 and 4-5-202. **Administrative History:** Original rule filed February 19, 1987; effective April 5, 1987. Amendment filed March 5, 1993, effective April 19, 1993.

0800-2-1-.17 NOTICE OF ASSESSMENT OF PENALTY. The Division shall provide written notice of penalties assessed pursuant to the within rules.

Authority: T.C.A. §§50-6-102(a)(2)(B); 50-6-104; 50-6-106(4) (5); 50-6-213; 50-6-307(a); 50-6-307(b) and 50-6-213. **Administrative History:** Original rule filed February 19, 1987; effective April 5, 1987.

0800-2-1-.18 WORKERS' COMPENSATION BENEFIT CASES IN LITIGATION. Where a civil penalty may be imposed pursuant to the within rules and the action (or failure to act) which initiates the penalty is the subject of litigation, the Director shall assess the penalty after a final determination of the issue is made by the Court.

Authority: T.C.A. §§50-6-102(a)(2)(B); 50-6-104; 50-6-106(4) (5); 50-6-213; 50-6-307(a); 50-6-307(b) and 50-6-213. **Administrative History:** Original rule filed February 19, 1987; effective April 5, 1987.

0800-2-1-.19 EFFECTIVE DATE. The civil penalties which may be assessed pursuant to the within rules apply only after the effective date of the rules and only to those injuries occurring on or after July 1, 1985.

Authority: T.C.A. §§50-6-102(a)(2)(B); 50-6-104; 50-6-106(4) (5); 50-6-213; 50-6-307(a); 50-6-307(b) and 50-6-213. **Administrative History:** Original rule filed February 19, 1987; effective April 5, 1987.

0800-2-1-20 PAYMENT AND COLLECTION OF PENALTIES. The procedure for payment and collection of civil penalties is as follows:

- (1) Payment of Penalties. Penalties shall be made payable to the Treasurer, State of Tennessee and submitted directly to the Director for remittal to the Second Injury Fund. Penalties shall be paid within 20 days of the date of the Division's notice of assessment of penalty.
- (2) Collection of Penalties. Penalties may be collected in a civil action in the name of the State of Tennessee in any court of competent jurisdiction.

Authority: T.C.A §4-3-103; 4-3-1403 and 50-6-118. **Administrative History:** Original rule filed February 19, 1987; effective April 5, 1987.

0800-2-1-21 FORMS. The requirement for forms mentioned in these rules are:

- (1) All forms may be obtained from the Director without charge;
- (2) Copies of each form are contained in Appendix A of these rules;
- (3) The information set out on each form in Appendix A is the information required by these rules; and
- (4) Forms may be revised at any time at the discretion of the Director. Copies of these revised forms will be available from the Director.

Authority: T.C.A §50-6-233. **Administrative History:** Original rule filed February 19, 1987; effective April 5, 1987.

0800-2-1-22 RECORDS/COPIES.

- (1) Copies of the Workers' Compensation records disclosable under state law may be obtained by written request made to the Director.
- (2) Fees for copying shall be \$.25 per page plus actual postage costs. Payments of copying and postage fees shall be made by check or money order payable to Treasurer, State of Tennessee. Payment is due upon receipt of the requested material. Payment in cash will not be accepted.

APPENDIX A - FORMS

Insurance Forms

- 1-1 Coverage
- 1-2 Cancellation
- 1-3 Withdrawal of Coverage - Reduction in Workforce
- 1-4 Sole Proprietor Election
- 1-5 Withdrawal of Sole Proprietor Election
- 1-6 Exemption of Corporate Officer
- 1-7 Revocation of Exemption
- 1-8 Exempt Employers Election Withdrawal

(Rule 0800-2-1-.22, continued)

1-9 Exempt, Employers Election Withdrawal

1-10 Heart Waiver

1-11 Occupational Disease Waiver

1-12 Epileptic Waiver

1-13 Withdrawal of Waiver

Claim Forms

C-20 Report of Injury

C-21 Monthly Report of Non-Compensable Injuries & Disease

C-22 Notice of First Payment

C-23 Notice of Denial

C-24 Notice of Investigation

C-25 Final Determination

C-26 Notice of Change or Stop of Benefits

C-27 Notice of Controversy

C-28 Notice of Lawsuit

C-29 Final Report and Receipt of Compensation

C-30 Attending Physician

C-31 Medical Waiver and Consent

C-32 Standard Form Medical Report for Industrial Injuries

Workers' Compensation Statistical Data Form

SD- I Workers' Compensation Statistical Data Form

Authority: T.C.A. §§50-6-101; 50-6-103; 50-6-119; 50-6-233; 50-6-235 and 4-5-202. **Administrative History:** New rule filed February 19, 1987; effective April 5, 1987. Amendment filed January 30, 1991; effective May 1, 1991. Amendment filed March 5, 1993; effective April 19, 1993. Amendment filed April 30, 1999; effective August 27, 1999.

0800-2-1-.23 INSURANCE AND/OR ADJUSTER OFFICE.

- (1) Each insurance carrier or self-insured employee providing workers' compensation insurance shall provide to the Director of the Division of Workers' Compensation on a timely basis the following information:

(Rule 0800-2-1-.23, continued)

- (a) Name of insurance company.
 - (b) Name of self-insured employer.
 - (c) Name of contract adjuster, address and current telephone number if the insurance carrier or self-insured employer does not have an office in Tennessee.
 - (d) Address of office in Tennessee.
 - (e) Telephone number.
 - (f) Name, address and telephone number of individual with authority to commence temporary total disability benefits and medical care benefits.
- (2) Each insurance carrier or self-insured, employer shall notify the Director of the Division of Workers' Compensation of any change in name, address or phone number of the above requirements within ten (10) days of said change.

Authority: T.C.A. §§50-6-101; 50-6-103; 50-6-119; 50-6-233; 50-6-235 and 4-5-202. **Administrative History:** Original rule filed March 5, 1993; effective April 19, 1993.

0800-2-1-.24 STATISTICAL DATA FORM.

- (1) Filing Requirements.
- (a) Each employer or such employer's agent that is party to a workers' compensation case, at the conclusion of the case must file a Statistical Data Form SD-1 with the clerk of the court in which the case is pending, contemporaneously with the filing of the final order or settlement. An order of the court is not final until a Form SD-1 is fully completed and filed with the clerk of the court.
 - (b) In cases involving a workers' compensation settlement which is submitted to the Division for approval, a copy of Form SD-1 shall also be completed and submitted to the Division for approval, at the time of the submission of the settlement for approval. A settlement approved by the Division is not final until a Form SD-1 is fully completed and received by the Division.
- (2) On or before the tenth (10th) day of each calendar month, the clerk of the court in which the case is pending shall forward to the Director all Forms SD-1 filed with the clerk during the preceding calendar month.
- (3) Filing Fee.
- (a) A fee of one dollar (\$1.00) shall be paid to the clerk of the court in which the case is pending for each Form SD-1 filed with the clerk.
 - (b) The one dollar (\$1.00) fee associated with the filing of the Form SD-1 shall be a part of the court costs accruing to the clerk, and shall be collected in the same manner and in addition to the other costs in the case.
- (4) The employee and any agent of the employee must cooperate with the employer in completing Form SD-1.

Authority: T.C.A. §§50-6-101; 50-6-419 and 50-6-244. **Administrative History:** Original rule filed April 30, 1999; effective August 27, 1999.